

Attachment 2

Affidavit of Donald Moran

AFFIDAVIT OF DONALD MORAN

Donald Moran, being duly sworn according to law, deposes and says as follows:

1. I am President of The Moran Company, a Washington-based health policy research and consulting firm which routinely analyzes Medicare claims data. My curriculum vitae is attached to this Affidavit.
2. I reviewed the analyses conducted by and testimony of Mr. Ruben Steck in connection with the litigation between the United States Government and Tuomey Hospital. I then led my research team (Gregory Watson and Clare Mamerow) examining the same data used by Mr. Steck. The curricula vitae of Mr. Watson and Ms. Mamerow are attached to this Affidavit.
3. Under my direction and supervision, the research team replicated Mr. Steck's calculations, as Mr. Steck admitted at trial.
4. Because of the way Mr. Steck selected claims from the data he analyzed, his reported counts of claims and dollars include services where it is doubtful that the case was or could have been referred to Tuomey Hospital by the employed physicians. These doubts arise for two main reasons.
5. First, in a substantial number of the claims Mr. Steck counted, a physician other than a Tuomey-employed physician appears on the Medicare claim as the attending physician. While these claims indicate that a Tuomey-employed physician may have performed services during that patient encounter, there is no evidence that any employed physician requested or established a plan of care that resulted in the provision of inpatient or outpatient hospital services at Tuomey Hospital for which payment could be made by Medicare. Removing these claims from Mr. Steck's analysis reduces the count of claims from October 1, 2005 (the beginning of federal Fiscal Year 2006) through June 30, 2009 from 21,730 to 19,068, and the count of dollars from \$39,313,065 to \$16,202,390.

Tables 1-A and 1-B illustrate this on a physician-by-physician and fiscal year-to-fiscal year basis.

6. Second, in a substantial number of claims Mr. Steck counted, the claim clearly indicates that the patient receiving services from the employed physician presented at Tuomey Hospital through the emergency room. In these cases, the claim contains no evidence to rebut the presumption that the decision to seek inpatient or outpatient hospital services at Tuomey Hospital was made by the patient, and not by a physician. In other words, these patients were self-referred to Tuomey. Removing these claims from Mr. Steck's analysis reduces the count of claims from October 1, 2005 (the beginning of federal Fiscal Year 2006) through June 30, 2009 from 21,730 to 20,017, and the count of dollars from \$39,313,065 to \$24,381,903. Tables 2-A and 2-B illustrate this on a physician-by-physician and fiscal year-to-fiscal year basis.
7. Most of the claims listed on Tables 2-A and 2-B (claims where the patient presented through the emergency room) were also included in Tables 1-A and 1-B (claims where the employed doctors were not listed as the attending physician). When both of these claim sets are combined and removed from the numbers presented by Mr. Steck, the count of claims from October 1, 2005 (the beginning of federal Fiscal Year 2006) through June 30, 2009 is reduced from 21,730 to 18,918, and the count of dollars is reduced from \$39,313,065 to \$15,239,663. Tables 3-A and 3-B illustrate this on a physician-by-physician and fiscal year-to-fiscal year basis.
8. In his initial reports and at the prior trial, Mr. Steck also performed a "Practice Group Analysis" of the claims data. It is my understanding that this analysis represented claims for outpatient surgery services at Tuomey. For the period from October 1, 2005 through June 30, 2009, our analysis of Steck's data reports a count of 10,663 claims and a count of dollars of \$6,212,638 for outpatient surgery services performed at Tuomey where his information indicates that the employed physicians were either listed as attending or operating physicians. Tables 4-A and 4-B illustrate this on a physician-by-physician and fiscal year-to-fiscal year basis.

9. I also conducted an analysis of the dollar values of each of the claims included in Mr. Steck's counts. Table 5 illustrates the number and percent of claims included in Mr. Steck's total that are under certain dollar value thresholds.
10. In addition, my research team and I analyzed the difference between the amount that Mr. Steck said Tuomey was paid for outpatient surgery claims reflected in his "Practice Group Analysis" and what Medicare would have paid for those claims had they been done in a freestanding ambulatory surgery center ("ASC") using the following methodology:
 - (a) First, we removed all claims from our replication of the Steck Practice Group analysis that occurred before October 1, 2005, giving us a base of 10,663 claims, and \$6,212,638. Then we removed all claims where at least one procedure on the claim could not be performed in an ASC. We used the published lists of ASC-allowed procedures that CMS releases every year (and in 2008 and 2009, every quarter) to determine what procedures were and were not allowable in an ASC. These ASC lists are available on the CMS website at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/archive.html>. Removing claims where at least one procedure was not allowed in an ASC left us with 5,046 claims and \$2,950,344.
 - (b) We then re-priced these claims using the appropriate CMS-published ASC payment rates, which are also found on the CMS website. Because the payment rates listed on the CMS website are total payments, which include both the Medicare portion and the beneficiary share, we reduced the payment rates by 20%. This reduction approximately removes the beneficiary share of the payment. Re-priced at the ASC payment amount, and reduced to take into account the beneficiary share, the 5,046 claims were valued at \$2,385,032.

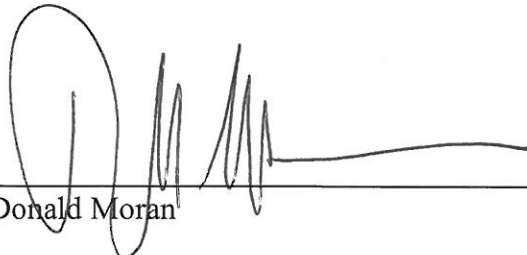
The difference between the OPPS and ASC payment rates is \$565,312.

Table 6 sets forth a more detailed summary of my calculations in this regard.

11. The tables attached to this Affidavit are incorporated by reference herein.

And further affiant sayeth not.

June 3, 2013


Donald Moran

Sworn and subscribed before me, a notary public, this 3rd day of June, 2013.


(Notary Signature)

Commonwealth of Virginia
City of Alexandria
The foregoing instrument was acknowledged before me
this 3rd day of June, 2013
By Donald W. Moran
Notary Public
My Commission Expires November 30, 2015.



ROBIUL ISLAM
NOTARY PUBLIC 7085034
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES 11-30-2015

Table 1A: Claims remaining after claims where contracted doctors were not attending physicians were removed

Dollars Associated with Claims

		Federal Fiscal Year				All
		2006	2007	2008	2009	
		Payment	Payment	Payment	Payment	Payment
		Sum	Sum	Sum	Sum	Sum
Group	Names					
Tuomey Gastroenterology	FLOYD ANGUS	\$251,626	\$143,197	\$119,048	\$111,023	\$624,895
	KENT CUNNINGHAM	\$203,852	\$255,675	\$233,077	\$203,766	\$896,370
	SCOTT MCDUFFIE	\$324,450	\$296,890	\$270,198	\$197,024	\$1,088,563
	THEOPHILUS WILLIAMS	\$220,134	\$203,260	\$184,418	\$144,308	\$752,120
	All	\$1,000,062	\$899,022	\$806,742	\$656,122	\$3,361,948
Tuomey OB/GYN	Names					
	BARNEY WILLIAMS	\$14,899	\$19,544	\$10,389	\$11,159	\$55,991
	HELEN LATHAM	\$69,026	\$26,935	\$63,542	\$39,417	\$198,919
	JOHN BRITTON	\$17,446	\$10,382	\$18,569	\$16,978	\$63,375
	MURRELL SMITH	\$5,404	\$13,034	\$17,093	\$4,317	\$39,848
	SAMUEL RIDDLE	\$21,173	\$10,417	\$15,872	\$2,219	\$49,682
	TESSA KINCADE	\$1,683	\$15,777	\$4,538	.	\$21,999
	THOMAS HEPFER	\$15,330	\$8,644	\$20,444	\$1,599	\$46,017
	All	\$144,961	\$104,732	\$150,447	\$75,689	\$475,830
Tuomey Ophthalmology	Names					
	JAMES GOODSON	\$613,177	\$585,429	\$676,801	\$565,881	\$2,441,288
	All	\$613,177	\$585,429	\$676,801	\$565,881	\$2,441,288
Tuomey Surgical	Names					
	HANS BRINGS	\$719,521	\$697,777	\$1,040,603	\$407,276	\$2,865,177
	HENRY MOSES	\$578,468	\$510,861	\$417,051	\$444,700	\$1,951,079
	JAMES ELLETT	\$292,200	\$70	.	.	\$292,270
	JON STANFORD	\$475,357	\$454,479	\$655,070	\$306,591	\$1,891,497
	MARK CRABBE	\$463,121	\$685,559	\$646,567	\$356,980	\$2,152,227
	STEVEN LAUZON	.	\$191,228	\$303,192	\$276,653	\$771,073
	All	\$2,528,666	\$2,539,974	\$3,062,483	\$1,792,200	\$9,923,324
All		\$4,286,867	\$4,129,157	\$4,696,473	\$3,089,893	\$16,202,390

Table 1B: Claims remaining after claims where contracted doctors were not attending physicians were removed
Counts

		Federal Fiscal Year				All
		2006	2007	2008	2009	
		Claim	Claim	Claim	Claim	
		Count	Count	Count	Count	
Group	Names					
Tuomey Gastroenterology	FLOYD ANGUS	490	366	306	245	1,407
	KENT CUNNINGHAM	626	680	595	445	2,346
	SCOTT MCDUFFIE	886	801	678	439	2,804
	THEOPHILUS WILLIAMS	658	582	497	339	2,076
	All	2,660	2,429	2,076	1,468	8,633
Tuomey OB/GYN	Names					
	BARNEY WILLIAMS	190	116	94	98	498
	HELEN LATHAM	166	146	83	46	441
	JOHN BRITTON	107	102	87	55	351
	MURRELL SMITH	90	102	87	53	332
	SAMUEL RIDDLE	62	56	25	17	160
	TESSA KINCADE	43	54	17	.	114
	THOMAS HEPFER	62	38	35	10	145
	All	720	614	428	279	2,041
Tuomey Ophthalmology	Names					
	JAMES GOODSON	902	841	915	687	3,345
	All	902	841	915	687	3,345
Tuomey Surgical	Names					
	HANS BRINGS	335	348	350	285	1,318
	HENRY MOSES	339	388	357	329	1,413
	JAMES ELLETT	113	1	.	.	114
	JON STANFORD	206	178	204	124	712
	MARK CRABBE	276	292	308	204	1,080
	STEVEN LAUZON	.	115	152	145	412
	All	1,269	1,322	1,371	1,087	5,049
All		5,551	5,206	4,790	3,521	19,068

Table 2A: Claims remaining after claims with Emergency Room charges are removed
Dollars associated with claims

		Federal Fiscal Year				All
		2006	2007	2008	2009	
		Payment	Payment	Payment	Payment	
		Sum	Sum	Sum	Sum	
Group	Names					
Tuomey Gastroenterology	FLOYD ANGUS	\$560,587	\$353,939	\$398,677	\$239,442	\$1,552,645
	KENT CUNNINGHAM	\$506,046	\$450,158	\$554,863	\$378,163	\$1,889,229
	SCOTT MCDUFFIE	\$599,108	\$536,892	\$554,368	\$347,209	\$2,037,577
	THEOPHILUS WILLIAMS	\$255,068	\$267,494	\$220,809	\$150,800	\$894,172
	All	\$1,920,809	\$1,608,483	\$1,728,717	\$1,115,614	\$6,373,623
Tuomey OB/GYN	Names					
	BARNEY WILLIAMS	\$14,932	\$19,597	\$10,389	\$11,159	\$56,078
	HELEN LATHAM	\$64,369	\$27,311	\$66,779	\$39,417	\$197,876
	JOHN BRITTON	\$17,474	\$10,382	\$18,569	\$16,978	\$63,403
	MURRELL SMITH	\$9,453	\$13,034	\$17,093	\$4,317	\$43,896
	SAMUEL RIDDLE	\$21,173	\$10,417	\$24,252	\$2,219	\$58,061
	TESSA KINCADE	\$6,397	\$15,777	\$4,538	.	\$26,712
	THOMAS HEPFER	\$15,330	\$36,390	\$20,444	\$1,599	\$73,763
	All	\$149,128	\$132,907	\$162,064	\$75,689	\$519,789
Tuomey Ophthalmology	Names					
	JAMES GOODSON	\$624,136	\$585,429	\$676,801	\$565,881	\$2,452,247
	All	\$624,136	\$585,429	\$676,801	\$565,881	\$2,452,247
Tuomey Surgical	Names					
	HANS BRINGS	\$1,022,666	\$1,088,893	\$1,473,968	\$1,042,195	\$4,627,723
	HENRY MOSES	\$689,509	\$653,068	\$538,272	\$579,782	\$2,460,631
	JAMES ELLETT	\$291,965	\$70	.	.	\$292,035
	JON STANFORD	\$806,281	\$707,170	\$934,509	\$448,101	\$2,896,061
	MARK CRABBE	\$772,803	\$1,029,697	\$881,636	\$727,784	\$3,411,920
	STEVEN LAUZON	.	\$379,743	\$594,326	\$373,807	\$1,347,876
	All	\$3,583,224	\$3,858,641	\$4,422,711	\$3,171,669	\$15,036,245
All		\$6,277,297	\$6,185,460	\$6,990,293	\$4,928,854	\$24,381,903

Table 2B: Claims remaining after claims with Emergency Room charges are removed
Counts

		Federal Fiscal Year				All
		2006	2007	2008	2009	
		Claim	Claim	Claim	Claim	
		Count	Count	Count	Count	
Group	Names					
Tuomey Gastroenterology	FLOYD ANGUS	549	410	347	271	1,577
	KENT CUNNINGHAM	703	722	644	477	2,546
	SCOTT MCDUFFIE	942	851	731	470	2,994
	THEOPHILUS WILLIAMS	670	596	504	340	2,110
	All	2,864	2,579	2,226	1,558	9,227
Tuomey OB/GYN	Names					
	BARNEY WILLIAMS	191	117	94	98	500
	HELEN LATHAM	165	148	84	46	443
	JOHN BRITTON	108	102	87	55	352
	MURRELL SMITH	91	102	87	53	333
	SAMUEL RIDDLE	62	56	25	17	160
	TESSA KINCADE	45	54	17	.	116
	THOMAS HEPFER	62	39	35	10	146
	All	724	618	429	279	2,050
Tuomey Ophthalmology	Names					
	JAMES GOODSON	903	841	915	687	3,346
	All	903	841	915	687	3,346
Tuomey Surgical	Names					
	HANS BRINGS	359	382	378	316	1,435
	HENRY MOSES	346	403	370	338	1,457
	JAMES ELLETT	111	1	.	.	112
	JON STANFORD	223	194	217	137	771
	MARK CRABBE	302	318	326	222	1,168
	STEVEN LAUZON	.	129	168	154	451
	All	1,341	1,427	1,459	1,167	5,394
All		5,832	5,465	5,029	3,691	20,017

Table 3A: Claims remaining after claims where contracted doctor were not attending physicians and claims with Emergency Room charges are removed
Dollars associated with claims

		Federal Fiscal Year				All
		2006	2007	2008	2009	
		Payment	Payment	Payment	Payment	Payment
		Sum	Sum	Sum	Sum	Sum
Group	Names					
Tuomey Gastroenterology	FLOYD ANGUS	\$243,997	\$142,477	\$116,285	\$102,944	\$605,702
	KENT CUNNINGHAM	\$186,658	\$254,446	\$216,380	\$197,638	\$855,121
	SCOTT MCDUFFIE	\$316,353	\$292,307	\$270,198	\$195,626	\$1,074,484
	THEOPHILUS WILLIAMS	\$220,134	\$203,260	\$183,882	\$144,308	\$751,584
	All	\$967,143	\$892,489	\$786,745	\$640,515	\$3,286,891
Tuomey OB/GYN	Names					
	BARNEY WILLIAMS	\$14,794	\$19,544	\$10,389	\$11,159	\$55,886
	HELEN LATHAM	\$64,322	\$26,935	\$63,542	\$39,417	\$194,216
	JOHN BRITTON	\$17,446	\$10,382	\$18,569	\$16,978	\$63,375
	MURRELL SMITH	\$5,404	\$13,034	\$17,093	\$4,317	\$39,848
	SAMUEL RIDDLE	\$21,173	\$10,417	\$15,814	\$2,219	\$49,623
	TESSA KINCADE	\$1,683	\$15,777	\$4,538	.	\$21,999
	THOMAS HEPFER	\$15,330	\$8,644	\$20,444	\$1,599	\$46,017
	All	\$140,152	\$104,732	\$150,389	\$75,689	\$470,963
Tuomey Ophthalmology	Names					
	JAMES GOODSON	\$613,177	\$585,429	\$676,801	\$565,881	\$2,441,288
	All	\$613,177	\$585,429	\$676,801	\$565,881	\$2,441,288
Tuomey Surgical	Names					
	HANS BRINGS	\$623,074	\$667,803	\$1,031,134	\$402,256	\$2,724,267
	HENRY MOSES	\$527,666	\$452,784	\$387,149	\$437,579	\$1,805,179
	JAMES ELLETT	\$201,217	\$70	.	.	\$201,287
	JON STANFORD	\$461,459	\$404,509	\$611,250	\$294,012	\$1,771,229
	MARK CRABBE	\$407,203	\$640,938	\$519,425	\$298,732	\$1,866,298
	STEVEN LAUZON	.	\$156,914	\$279,943	\$235,403	\$672,260
	All	\$2,220,620	\$2,323,018	\$2,828,901	\$1,667,982	\$9,040,521
All		\$3,941,092	\$3,905,667	\$4,442,836	\$2,950,068	\$15,239,663

Table 3B: Claims remaining after claims where contracted doctor were not attending physicians and claims with Emergency Room charges are removed
Counts

		Federal Fiscal Year				All
		2006	2007	2008	2009	
		Claim	Claim	Claim	Claim	
		Count	Count	Count	Count	
Group	Names					
Tuomey Gastroenterology	FLOYD ANGUS	485	365	301	244	1,395
	KENT CUNNINGHAM	623	678	590	443	2,334
	SCOTT MCDUFFIE	880	799	678	438	2,795
	THEOPHILUS WILLIAMS	658	582	496	339	2,075
	All	2,646	2,424	2,065	1,464	8,599
Tuomey OB/GYN	Names					
	BARNEY WILLIAMS	189	116	94	98	497
	HELEN LATHAM	164	146	83	46	439
	JOHN BRITTON	107	102	87	55	351
	MURRELL SMITH	90	102	87	53	332
	SAMUEL RIDDLE	62	56	24	17	159
	TESSA KINCADE	43	54	17	.	114
	THOMAS HEPFER	62	38	35	10	145
	All	717	614	427	279	2,037
Tuomey Ophthalmology	Names					
	JAMES GOODSON	902	841	915	687	3,345
	All	902	841	915	687	3,345
Tuomey Surgical	Names					
	HANS BRINGS	323	342	345	284	1,294
	HENRY MOSES	334	383	353	327	1,397
	JAMES ELLETT	104	1	.	.	105
	JON STANFORD	203	170	198	122	693
	MARK CRABBE	268	285	298	199	1,050
	STEVEN LAUZON	.	112	145	141	398
	All	1,232	1,293	1,339	1,073	4,937
All		5,497	5,172	4,746	3,503	18,918

Table 4A: Replication of Steck Practice Group claim analysis**Case counts**

		Federal Fiscal Year				All
		2006	2007	2008	2009	
		Claim	Claim	Claim	Claim	
		Count	Count	Count	Count	
Group	Physician Name					
Tuomey Gastroenterology	FLOYD ANGUS	397	279	255	212	1,143
	KENT CUNNINGHAM	448	477	453	361	1,739
	SCOTT MCDUFFIE	573	535	468	336	1,912
	THEOPHILUS WILLIAMS	527	487	406	289	1,709
	All	1,945	1,778	1,582	1,198	6,503
Tuomey OB/GYN	Physician Name					
	HELEN LATHAM	1	2	2	2	7
	JOHN BRITTON	1	2	1	1	5
	MURRELL SMITH	.	.	1	.	1
	SAMUEL RIDDLE	.	.	.	1	1
	TESSA KINCADE	.	1	.	.	1
	All	2	5	4	4	15
Tuomey Ophthalmology	Physician Name					
	JAMES GOODSON	882	800	870	662	3,214
	All	882	800	870	662	3,214
Tuomey Surgical	Physician Name					
	HANS BRINGS	14	26	38	19	97
	HENRY MOSES	99	103	100	71	373
	JAMES ELLETT	17	2	7	4	30
	JON STANFORD	52	47	59	22	180
	MARK CRABBE	73	74	72	32	251
	All	255	252	276	148	931
All		3,084	2,835	2,732	2,012	10,663

Table 4B: Replication of Steck Practice Group claim analysis
Payments

		Federal Fiscal Year				All
		2006	2007	2008	2009	
		Payment	Payment	Payment	Payment	
		Sum	Sum	Sum	Sum	
Group	Physician Name					
Tuomey Gastroenterology	FLOYD ANGUS	\$147,485	\$114,142	\$104,576	\$94,053	\$460,256
	KENT CUNNINGHAM	\$171,440	\$207,411	\$200,484	\$184,201	\$763,536
	SCOTT MCDUFFIE	\$244,788	\$237,496	\$218,033	\$173,835	\$874,151
	THEOPHILUS WILLIAMS	\$194,633	\$189,110	\$170,266	\$133,649	\$687,658
	All	\$758,346	\$748,159	\$693,359	\$585,738	\$2,785,602
Tuomey OB/GYN	Physician Name					
	HELEN LATHAM	\$818	\$1,536	\$1,866	\$1,805	\$6,025
	JOHN BRITTON	\$754	\$1,245	\$505	\$1,677	\$4,181
	MURRELL SMITH	.	.	\$907	.	\$907
	SAMUEL RIDDLE	.	.	.	\$913	\$913
	TESSA KINCADE	.	\$2,205	.	.	\$2,205
	All	\$1,572	\$4,985	\$3,278	\$4,395	\$14,230
Tuomey Ophthalmology	Physician Name					
	JAMES GOODSON	\$605,327	\$572,670	\$651,905	\$551,165	\$2,381,068
	All	\$605,327	\$572,670	\$651,905	\$551,165	\$2,381,068
Tuomey Surgical	Physician Name					
	HANS BRINGS	\$23,327	\$49,089	\$74,601	\$40,857	\$187,874
	HENRY MOSES	\$99,848	\$93,931	\$99,003	\$76,148	\$368,929
	JAMES ELLETT	\$15,771	\$3,177	\$12,799	\$8,364	\$40,110
	JON STANFORD	\$49,954	\$49,267	\$72,462	\$23,594	\$195,277
	MARK CRABBE	\$64,710	\$68,134	\$71,383	\$35,320	\$239,548
	All	\$253,609	\$263,599	\$330,248	\$184,283	\$1,031,739
All		\$1,618,854	\$1,589,413	\$1,678,790	\$1,325,581	\$6,212,638

TABLE 5**Information on Claims by Size**

Claims limited to 10/1/2005 or later.

Total claims: 21,730

Median claim size: \$392.36

Claim size less than:	Number of claims	Percentage
\$1.00	3	0.01%
\$10.00	137	0.63%
\$100.00	4,719	21.71%
\$550.00	13,009	59.86%
\$1,100.00	17,198	79.13%
\$1,375.00	17,557	80.78%
\$5,500.00	19,736	90.81%
\$11,000.00	20,900	96.17%

Table 6: Comparison of Hospital and ASC payments for claims from Steck Practice Group Analysis where every procedure on the claim could be performed in an ASC

Year	Number of claims	Hospital Medicare payment	ASC Medicare Payment	Difference
2006	1,554	\$ 1,016,535	\$ 865,180	\$ 151,355
2007	1,320	\$ 734,629	\$ 623,323	\$ 111,306
2008	1,263	\$ 785,464	\$ 612,705	\$ 172,759
2009	909	\$ 413,716	\$ 283,824	\$ 129,892
Total	5,046	\$ 2,950,344	\$ 2,385,032	\$ 565,312

Clare Mamerow *curriculum vitae***Clare Mamerow****EDUCATION**

- 2004 J.D., University of Wisconsin Law School
- 2004 M.P.A., Public Policy, Robert M. La Follette School of Public Affairs, The University of Wisconsin
- 1998 B.S., English, History, and History of Culture, The University of Wisconsin

EXPERIENCE

Ms. Mamerow is a Principal at The Moran Company (TMC) with more than 14 years of experience in health care policy analysis. While at TMC, Ms. Mamerow has focused on reimbursement policies in the Inpatient Prospective Payment System (IPPS), Outpatient Prospective Payment System (OPPS), Long-Term Care Hospital Prospective Payment System (LTC-PPS), and Inpatient Psychiatric Facility Prospective Payment System (IPF-PPS). She has also performed in-depth analyses of the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program and is involved in ongoing research on efforts to bundle post-acute services, as required by the Affordable Care Act.

Previously, Ms. Mamerow was Legislative Counsel for a small lobbying firm specializing in health care and human rights issues. Prior to that, she was a Senior Health Policy Analyst at the Government Accountability Office (GAO) where she focused on the effects of private long term care insurance on Medicaid, and the Department of Veterans Affairs efforts to realign health care services.

Her work has included the following projects:

PROJECT EXPERIENCE***Analysis of Documentation and Coding Adjustment for the Inpatient Prospective Payment System***

Ms. Mamerow has been a key member of the team that has replicated the IPPS methodology for FY 2008 to present and has analyzed CMS' documentation and coding adjustment to account for coding changes that occurred when the MS-DRG system was implemented in 2008. Ms. Mamerow has reviewed each proposed and final IPPS rule, with particular focus on changes to the New Technology Add-On Payments, value based purchasing and other inpatient policies of interest to TMC clients.

Clare Mamerow *curriculum vitae****Replication of the Outpatient Prospective Payment System Average Sales Price Payment Methodology***

Ms. Mamerow has replicated the OPPS Average Sales Price (ASP) drug payment methodology for FY 2008 to the present. Projects involving this replication have included analysis of different proposed and final CMS rules as well as an examination of the effects of ASP prices reported at different times and different packaging thresholds. Ms. Mamerow has modeled what CMS has named “The Stakeholder Option,” as well as other proposed policies that would provide greater coverage of pharmacy overhead costs. This work involves using the ASP price files as well as the OPPS medians file.

Replication of the Long-Term Care Prospective Payment System

Ms. Mamerow was a key member of a team that replicated the Long-Term Care Prospective Payment System (LTC-PPS) to examine the underlying methodology and analyze the potential for a budget neutrality adjustment. This research included close analysis of each LTC-PPS proposed and final rule from 2003 to the present, with careful comparison of the PPS and TEFRA methodologies.

Analysis of the DMEPOS Competitive Bidding Program

Ms. Mamerow led the analysis of the DMEPOS Competitive Bidding Program, which culminated in a report with an extensive history of the program, as well as discussion of the first round’s policy failures, and proposed changes to the program to ensure patient access to diabetic testing supplies.

Analysis of Health Reform and the Oncology Marketplace

Ms. Mamerow conducted various analyses for clients interested in how health reform efforts would affect the oncology marketplace. Topics included chemotherapy drug pricing and efforts to control drug costs, the potential for a shift of site-of-service of infusion therapies, how the growth of the Medicaid population could change the types of cancer therapies needed, and how the growth of value based purchasing could influence drug development.

Analysis of Health Reform and Bundling of Services

Ms. Mamerow has assisted in the analysis of The Center for Medicare and Medicaid Innovation’s Bundling Initiative, and the Affordable Care Act’s bundling pilot, both of which aim to bundle post-acute services to improve the coordination of care and reduce costs to Medicaid. The series of analyses has examined what types of care should be bundled, how long the bundle should extend, what services should be excluded and how to determine the bundle price. Finally, analysis included an examination of potential unintended consequences that could occur from a bundled payment system, and potential policies to protect against these problems.

Analysis of the Long-Term Care Partnership Program and Medicaid

At the GAO, Ms. Mamerow co-led an examination of the Long-Term Care Partnership Program’s effect on the Medicaid program through analysis of state and insurance industry data, interviews with stakeholder and industry experts.

Clare Mamerow *curriculum vitae****Analysis of Health Care Issues at the Department of Veterans Affairs***

Ms. Mamerow led the analysis on VA's efforts to purchase care from non-VA providers on another assignment studying the challenges the Department of Veterans Affairs faces as it implements its decisions to realign health care services and close hospitals. On another project, Ms. Mamerow researched and evaluated the VA program to screen, test and treat chronic hepatitis C patients, through medical record review and interview with VA program officials and health care providers. Results included recommendations for improving VA's ability to detect and treat hepatitis C in the veteran population.

EMPLOYMENT HISTORY

The Moran Company	Principal	2007 - present
The Sheridan Group	Legislative Counsel	2006 - 2007
The Government Accountability Office (GAO)	Senior Health Policy Analyst,	2006
SmokeFree Wisconsin	Health Policy Analyst	2004 – 2006
Wisconsin Department of Health and Family Services, Division of Public Health	Health Policy Analyst	1999 – 2004
The Government Accountability Office (GAO)	Tobacco Control Consultant	2003
Legal Aid Services of Oregon	Health Policy Intern	2002
AIDS Legal Network for Connecticut	Stoll Fellowship/Law Clerk	2001
	Legal Case Manager	1998 - 1999

Ms. Mamerow is a Member of the State Bar of Wisconsin.

Donald W. Moran *curriculum vitae*

DONALD W. MORAN

Don Moran founded The Moran Company in 1998 after a twenty-four year career in the health and human services fields.

For the first eleven years of his career, Don was actively involved in the development and implementation of health and human services policy as a government appointee. Beginning as the Administrative Assistant to the Cass County (MI) Board of Commissioners (1974-1975), his early career focused on the design and implementation of employment and training programs. He served as a planning consultant to the Michigan Employment Security Commission (1975-1976) before being appointed as Executive Director of the Barry-Branch-St. Joseph Employment & Training Consortium (1976-77), a Prime Sponsor agency administering programs under the Comprehensive Employment & Training Act in South Central Michigan.

Don moved to Washington in 1977 to serve as Legislative Assistant (1977-81) to Congressman Dave Stockman (R-MI). His responsibilities during that period included staffing Mr. Stockman as a member of the Health & Environment Subcommittee of the Committee on Interstate & Foreign Commerce, and serving as staff director of the House Republican Economic Policy Task Force, which Mr. Stockman chaired.

In 1981, Don moved to the U.S. Office of Management & Budget, where he served as Associate Director for Human Resources, Veterans and Labor (1981), and subsequently as Executive Associate Director for Budget & Legislation (1982-1985). In his first OMB assignment, he oversaw policy analysis and budget review for the Departments of Health & Human Services, Labor, Education, and the Veterans Administration. In his subsequent assignment, he managed government-wide budget review operations, and managed OMB's extensive involvement in the Congressional budget and appropriations processes.

Don left OMB in 1985 to join ICF Incorporated, a Washington-based research and consulting firm, as a partner in the firm's Health & Pensions practice. In 1987, Don and his partners merged their business operations with Lewin & Associates, forming Lewin-ICF, which subsequently became a subsidiary of Value Health, Inc, doing business as Lewin-VHI (1992-1996). In 1996, the business was acquired by Quintiles Transnational Corporation, and renamed The Lewin Group.

Don left The Lewin Group in June, 1998 to found The Moran Company, in order to expand the scope of his business beyond Lewin's historical base in policy research and consulting. The Moran Company also participates in the formation of new business ventures in the health care field.

Donald W. Moran *curriculum vitae*

Don received a B.S in Mathematics from the University of Illinois in 1973, and subsequently completed a graduate program in employment and training program administration at the University of Michigan in 1977.

From 1987 to 1991, Don served as a Guest Lecturer at the Industrial College of the Armed Forces on topics related to wartime medical readiness. During 1990-98, Don served as a director of DentalCare Partners, a private dental practice management company. In 1999-2000, he served as a director of EduNeering, Inc., a private computer-based training company focused on employee compliance education in regulated industries. Don is a member of the *Society for Industrial and Applied Mathematics*, and of the *American Medical Informatics Association*.

In 1992-93, Don served as a member of the elected Town Council of Glen Echo, Maryland. He is a member of Kenwood Golf & Country Club, where he plays to a handicap that is unacceptably high but unfortunately accurate. He is married to the former Cynthia Calcutt Root, and resides in McLean, VA.

Donald W. Moran *curriculum vitae*

DETAILED CONSULTING EXPERIENCE

Coverage, Coding & Reimbursement Issues

- Directed numerous studies analyzing product- and service-specific issues under Medicare reimbursement systems, including:
 - Inpatient Hospital Prospective Payment System
 - Physician Fee Schedule
 - Outpatient Hospital Prospective Payment System
 - Skilled Nursing Facility Prospective Payment System
 - Ambulatory Surgery Center Prospective Payment System
 - DME/POS Fee Schedule
 - Inpatient Rehabilitation Prospective Payment System
 - Long Term Acute Care Hospital Prospective Payment System
 - ESRD Prospective Payment System.
 - Home Health Prospective Payment System
 - Hospice reimbursement.

- Directed numerous efforts to assist pharmaceutical, biotechnology and medical device manufacturers regarding coding and coverage issues relevant to accelerating reimbursement under public sector reimbursement programs.

- Directed the acquisition, installation and management of large government data sets necessary to support claims-level analysis of reimbursement, coding, coverage and market penetration issues in Medicare & Medicaid, including:
 - The Inpatient MedPAR files
 - The Outpatient Beneficiary Encrypted files
 - The Part B Standard Analytical Files (5%-100%)
 - The Part B Physician Supplier Procedure Summary File
 - The Hospital Cost Report Information System Files
 - The CMS 64 Medicaid State Financial Reporting files.

- Directed numerous studies employing beneficiary encrypted data from government research surveys to analyze population characteristics affecting the cost and utilization of discrete health services, including:

Donald W. Moran *curriculum vitae*

- The Medicare Current Beneficiary Survey (MCBS)
 - The Medical Expenditure Panel Survey (MEPS)
 - The National Health Information Survey (NHIS)
 - The IRS Survey of Income (SOI)
-
- For the Department of Health & Human Services, provided consulting support to develop Payment Accuracy Measurement systems for the Medicare and Medicaid programs.
 - Served as an adviser to several private sector organizations regarding issues related to the development of a Medicare drug benefit.
 - Conducted analyses to support development of estimates of the budgetary effects of proposed legislation to modify HCFA's coverage, coding and pricing practices related to medical devices.
 - Conducted numerous studies of the impact of alternative policies on the distribution system for pharmaceuticals.
 - Assisted a consortium of medical specialty societies in evaluating the implications of implementing resource-based practice expense relative values in the Medicare program.
 - Directed numerous studies on the technical aspects of the Health Care Financing Administration's methodologies for determining DRG payment amounts.
 - Directed an analysis of reimbursement options for Positron Emission Tomography (PET) scanning.
 - Directed a study for a medical specialty society in which health insurance claims data was used to support redesign of the American Medical Association's Current Procedure Terminology© code space for a family of procedures.

General Health Policy

- Assisted a trade association in devising a research strategy to inform the debate over increasing growth trends in pharmaceutical spending.

Donald W. Moran *curriculum vitae*

- Conducted an assessment of the business and policy implications of the acceleration of pharmaceutical benefits spending by managed care organizations.
- Assisted a variety of clients in evaluating the potential impact of legislation to promote the reimportation of pharmaceuticals into the United States.
- Conducted a survey to assess the views of health industry opinion leaders on the Food & Drug Administration's performance in addressing the concerns of patients.
- Assisted a State Department of Health in evaluating alternative funding formulas for its State-financed indigent care programs.
- Assisted a client in evaluating policy issues raised by proposals to promote an "individual choice" model of private insurance market reform.
- Associated a trade association in the evaluation of alternative models for regulation of the health benefits market.
- Directed a study that employed Medical Expenditure Panel Survey (MEPS) data in the evaluation of strategies to reduce the number of Americans without health insurance.
- Directed a study of known methods for the development of clinical practice protocols, guidelines and standards to assist the Secretary of Health & Human Services in determining the appropriate role for the Federal government to play in promoting development of these technologies.
- Directed design and development of detailed budget projection models for a wide array of public and private clients.
- Assisted the Department of Health and Human Services in developing alternative Medicare capital reimbursement policies.
- For the Department of Health & Human Services, directed a study of current practices and likely developments in private health insurance markets in the 1990's.

Donald W. Moran *curriculum vitae*

- Directed a study of the role of Federal research and demonstration waivers granted under Medicare and Medicaid in the development of Federal health care policy.
- Directed numerous studies of the financial, regulatory and structural consequences of a variety of health insurance market reform strategies.

Health Care Benefits Management

- Assisted a major national health benefits company in the evaluation and redesign of its medical cost forecasting models.
- Served as a joint technical advisor to the parties to a major joint venture between an integrated provider organization and a multi-line insurer in preparation for entering contract extension negotiations.
- Served as an adviser to the medical director of a multi-line insurer regarding selection of provider profiling software applications
- Served as an adviser to a large integrated provider organization in the development of its business relationships with a pharmacy benefits manager.
- Assisted a Blue Cross & Blue Shield plan in the development and execution of new medical management techniques to support development of "open access" product options in its Traditional & PPO product areas.
- Served as an adviser and mediator to the parties of a major joint venture between an integrated provider organization and a multi-line insurer to redevelop the financial and operational structure of their relationship.
- Served as an advisor to the developers of a national provider network for the delivery of disease-specific case management services on an at-risk basis.

Donald W. Moran *curriculum vitae*

- Assisted a Blue Cross/Blue Shield plan in developing a system based on retrospective profiling of physician claims data to manage utilization volume.
- Assisted a Blue Cross & Blue Shield Plan in developing delivery system specifications and information systems modifications required to support a "point-of-service" managed care program involving a "gatekeeper" referral management system.
- Assisted a state regulatory authority in evaluating the cost management program of a Blue Cross & Blue Shield plan in the context of that Plan's annual rate filing.
- Assisted a major information technology vendor in the assessment of strategic options for penetration of managed care markets.
- Directed a study evaluating the nature of customer demands for health care quality management programs in health insurance products.
- Assisted a Blue Cross/Blue Shield plan in developing strategies to manage ambulatory care utilization.
- Assisted a Blue Cross/Blue Shield plan in developing managed care networks under a joint venture between the plan and participating providers.
- Directed a study assessing the feasibility of developing a specialized managed care network/case management system anchored by a specialty hospital focusing on the treatment of a specific chronic condition.

Public Sector Managed Care Contracting

- Directed the design, development and implementation of a major administrative systems redesign for a State Medicaid agency, involving deployment of vendors to State agency administrative requirements in the areas of claims administration, network administration, enrollment operations, quality assurance monitoring and contract administration support.

Donald W. Moran *curriculum vitae*

- Directed numerous Medicaid managed care design and implementation support projects for State Medicaid agencies.
- Served as technical advisor to a large West Coast urban county in evaluating a proposal to develop a comprehensive service carve out model for seriously emotionally disturbed children.
- Directed a performance evaluation of a pediatric behavioral health managed care system on behalf of a state Medicaid program.
- Directed numerous analyses of health care claims data for both private insurers and State Medicaid programs to identify opportunities for improved benefits management programs.
- Assisted State Medicaid programs in evaluating the experience of other States in the design and implementation of Medicaid managed care programs.
- Directed a study analyzing the applicability of at-risk contracting principles and primary care case management to a reform of the CHAMPUS program (TRICARE)

Provider Reimbursement & Contracting

- Served as a negotiator on behalf of a consortium of hospitals to develop a new Blue Cross master reimbursement agreement.
- Assisted a specialty long term care hospital in developing strategies to maintain its exempt status under the Medicare PPS system.
- Assisted a Blue Cross plan in developing strategy for a new hospital contract, and supporting contract negotiations through development of a financial model of the state's hospital system to assess the financial impact of alternative payment methodologies.
- Directed a multi-year project to design and implement a selective contracting program for inpatient hospital services for a State Medicaid program.

Donald W. Moran *curriculum vitae*

- Assisted a Blue Shield plan in developing alternative physician reimbursement policies.
- Directed an analysis of hospital financial performance under a Blue Cross participating hospital agreement.
- Advised a Blue Cross & Blue Shield plan regarding the development of a strategy to achieve a comprehensive renegotiation of its hospital contracts for all its products on a hospital-specific basis.
- Directed a study of a State Medicaid program's hospital claims data in order to identify targets for reimbursement reform.
- Directed a variety of consulting engagements related to reimbursement requirements for specialty hospitals under the Medicare program.

Health Information Policy & Business Development

- Assisted numerous private investors in evaluating specific investment targets in the health information field.
- Assisted a private health information company in evaluating the impact of health information privacy regulation under HIPAA.
- Conducted an evaluation of the implications of implementing new health benefits regulatory requirements under HIPAA.
- Served as Chairman of the Reimbursement Working Group for the e-Health Initiative, a Washington-based multi-industry organization devoted to improving the policy environment for the diffusion of new health information technologies.
- Served as a technical advisor to the IOM Quality of Health Care in America on information infrastructure issues addressed in its “Crossing the Quality Chasm” report.

Donald W. Moran *curriculum vitae*

- Served as a facilitator on reimbursement issues at the National Health Information Infrastructure conference sponsored by HHS in 2003.
- Assisting the CEO of a health information company to develop product extension marketing strategies.

Other Work in Health Care Finance

- Engaged in a number of discrete business development efforts to assist national and state trade associations to develop new member service product offerings.
- Directed numerous engagements in support of due diligence efforts by investors analyzing specific investment opportunities in the health care field.
- Assisted a wide variety of clients in developing valuations of health care businesses for investment purposes.
- Analyzed investment options in the health care field for institutional clients of a Wall Street investment firm.
- Analyzed investment banking opportunities in the health care field for a Wall Street investment banking firm.
- Analyzed commercial banking opportunities in the health care field for a major regional bank.
- Directed an analysis of antitrust damages in a non-metropolitan hospital market in the Midwest.
- Directed an analysis in support of defining appropriate markets relevant to the antitrust analysis of a proposed merger of two multi-hospital systems.

Donald W. Moran *curriculum vitae*

- Served as an expert witness in U.S. Tax Court on hospital reimbursement practices.
- Served as an expert witness before the State Corporation Commission on the business rationale underlying the proposed demutualization of a Blue Cross & Blue Shield plan.
- Served as an expert witness before the Internal Revenue Service in support of an HMO's application for tax exempt status.
- Directed a study of business prospects in the market for subacute services for a private investment firm.
- Assisted a Wall Street investment firm in assessing the potential impact of HCFA's Y2K compliance program on the business prospects of HCFA contractors.
- Directed a study of business prospects in the market for institutional pharmacy services.
- Directed a comprehensive assessment of a private insurance vendor providing insurance and administrative services to a State Medicaid program.
- Directed a study of the fair market value of a free-standing proprietary hospital in the Southeast in support of expert testimony on damages in a civil dispute.
- Directed a feasibility study regarding the establishment of an offshore captive malpractice insurance company for a university in the Northeast.
- Provided consulting services to a state hospital association in negotiations with state regulators over hospital rate updates.

Donald W. Moran *curriculum vitae*

SELECTED PUBLICATIONS

"Competition in the Market for Medical Care: A Short History and Preliminary Prognosis",
Journal of Contemporary Business, Vol. 9, No. 4, 1980.

"HMOs, Competition and the Politics of Minimum Benefits", Milbank Memorial Fund Quarterly, Spring, 1981.

"Symposium on Healthcare Directions", Healthcare Financial Management, April, 1985.

"Are CEO's Asking the Right HMO Questions?" Hospitals, February 5, 1986.

"HMOs, Finance and the Hereafter", (with Theresa Savelle) Health Affairs, Vol. 5, No. 1, Spring, 1986.

"Capital Reimbursement: A Compromise at Hand?" Hospitals, January 20, 1988.

"Nursing Shortage: Are We Fighting the Last War?" Hospitals, May 5, 1988.

"Quality: Is There a New Era Dawning?" Hospitals, August 20, 1988.

"Selective Credentialing: A Multi-Purpose Tool?" Hospitals, October 20, 1988.

"Long-term Care Financing Through Federal Tax Incentives"(with Janet M. Weingart),
Health Care Financing Review, 1988 Annual Supplement, December, 1988.

"Can Managed Care Control Costs?" (With Patrice R. Wolfe) Health Affairs, Vol. 10, No. 4, Winter, 1991.

Donald W. Moran *curriculum vitae*

"Role of Federal Waivers in the Health Policy Process" (With Dobson, et al.) Health Affairs, Vol. 11, No. 4, Winter, 1992.

"Global Budgeting in the OECD Countries," (With Patrice R. Wolfe) Health Care Financing Review, Volume 14, Number 3, Spring 1993, pp. 55-76.

"A Sense of Urgency: State Governments and Health Care in the 1990's" (with Mechanic, R.E.) Benefits Quarterly, Vol. 9, No. 3, Third Quarter 1993, pp. 18-25.

"Federal Regulation of Managed Care: An Impulse in Search of a Theory?"
Health Affairs, Vol. 16, Number 6, November/December 1997.

"Health Information Policy: On Preparing For The Next War."
Health Affairs, Volume 17, Number 6, November/December 1998.

"Prescription Drugs and Managed Care: Can 'Free Market Détente Hold?'"
Health Affairs, Volume 19, Number 2, March/April 2000.

"The Fiscal Dynamics of Drug Coverage for the Elderly"
Harvard Health Policy Review, Vol. 1 No. 1, Fall 2000.

"Pharmaceutical "Charge Compression" Under the Medicare Outpatient Prospective Payment System" (With Mary Jo Braid).

Journal of Health Care Finance, 2004 Spring; 30(3):21-33.

"Whence and Whither Health Insurance?: A Revisionist History"

Donald W. Moran *curriculum vitae*

Health Affairs, Vol. 24, No. 6, November/December 2005, pp. 1415-1425.

“Cost Containment and the Politics of Health Care Reform,”

w. Judith Feder in Rivlin, A.M. and Antos, J.R. (ed.) Restoring Fiscal Sanity 2007

(Washington, DC: Brookings Institution Press) 2007, pp. 173-192.

Gregory Watson

EDUCATION

1995 M.S., Economics, The University of Wisconsin

1992 B.A. with Honors, Economics, The University of Chicago

1991 Diploma in the General Course, Economics, London School of Economics

EXPERIENCE

Mr. Watson is a Partner at The Moran Company (TMC) with more than 15 years of experience in the manipulation and modeling of large and complex datasets. While at TMC, Mr. Watson has replicated the methodology for several CMS payment systems including: Inpatient Prospective Payment System (IPPS), Outpatient Prospective Payment System (OPPS), Long-Term Care Hospital PPS (LTC-PPS), and Partial Hospitalization Program PPS (PHP PPS). In addition, he has conducted series of research projects on a variety of topics for a variety of private sector clients.

Previously, Mr. Watson was a Vice President at ICF Consulting spending more than eleven years of experience in housing statistics, public finance, housing finance, statistics and the application of econometric modeling techniques to the analysis of public policy issues. In addition, he is regularly called upon for projects involving management and manipulation of large amounts of computerized information or the application of computer technology. These skills are often put into use for survey design and data analysis.

His work has included the following projects:

PROJECT EXPERIENCE

Selected Health Care Research Areas

Replication of the Inpatient Prospective Payment System

Mr. Watson has replicated the Inpatient Prospective Payment System (IPPS) methodology for FY 2005 to present. Projects involving this replication have included analysis of different proposed and final CMS rules as well as a number of MedPAC proposals. In addition, as subsidiary projects, Mr. Watson has simulated potential policy adjustments ranging from standardization factors, outlier payment calculations, DRG system changes, etc. His research projects involving the IPPS system has included using the MedPAR data files from 1997 through 2011.

Replication of the Outpatient Prospective Payment System

Mr. Watson has replicated the Outpatient Prospective Payment System (OPPS) methodology for FY 2007 to present. Projects involving this replication have included analysis of different proposed and final CMS rules as well as a number of MedPAC proposals. In addition, as subsidiary projects, Mr. Watson has simulated potential policy adjustments ranging from new APC creation to composite APCs. In addition, for a variety of clients, he has examined the underlying data used in rate-setting. This work involves using the entire OPPS rate-setting file.

Replication of the Long-Term Care Prospective Payment System

For a hospital chain, Mr. Watson replicated the Long-Term Care Prospective Payment System (LTC-PPS) to examine the underlying methodology and budget neutrality adjustments. This research included looking at the first years of the LTC-PPS and the budget neutrality adjustment with comparisons to TEFRA, as well as the budget neutrality adjustments. In addition, he has analyzed other factors such as patient mix shifts, high cost outliers, outlier payment policy, and short stay outlier payment policy.

Research into dosing stability

For Centocor, a division of Johnson & Johnson, conducted a series of research projects into dosing of the drug Remicade (generic name: Infliximab). Posters presenting some of the research results were presented at: Academy of Managed Care Pharmacy (AMCP), Digestive Diseases Week (DDW), World Congress of Dermatology (WCD), Rheumatology, and a few others. Other research has involved examining the comorbid conditions of Medicare beneficiaries with certain underlying conditions. The data used for this analysis was the Medicare 5% Standard Analytic Files (SAF) for the years 2001-2006.

Research into cardiac comorbidities among women with metastatic breast cancer

For Centocor, a division of Johnson & Johnson, Mr. Watson was one of the key researchers into examination of cardiac comorbidities among women with metastatic breast cancer, and also who received Infliximab as a part of their treatment regime. The research resulted in two posters, one presented at the American Society of Breast Disease (ASBD) and the American Society of Clinical Oncology (ASCO). The data used in this analysis was the Medicare 5% Standard Analytic Files (SAF) for the years 2001-2007.

Selected Other Research and Evaluation***Analysis of the proportion of the goal-qualifying portion of the conforming mortgage market***

For Freddie Mac Corporation, Mr. Watson managed research into the estimating the proportion of the conventional mortgage market which qualified as meeting the affordable housing goals that Freddie Mac and Fannie Mae are required to meet each year. This project involved managing massive amounts of data – individual data on nearly 80 million single family loans, as well as combining data with disparate data sources. The report also projected the goal qualifying

portion of the mortgage market through 2008. The final report was released by Freddie Mac as a part of their official comments to HUD in response to the proposed rule.

Quality Control and Tabulations of the 1997 American Housing Survey

Mr. Watson managed the programming for the quality control of the 1997 American Housing Survey (AHS). The American Housing Survey is conducted by the Census Bureau for the U.S. Department of Housing and Urban Development. ICF assisted HUD and the Census Bureau determine problems in the data and create the reports about the housing stock. Staff working on this project were sworn in as Census Agents to allow them access to the raw data. The programs created by ICF have been released by HUD and are available on the HUD User web site.

Changes in the 1997 AHS

For a project for HUD, Mr. Watson managed the development of documentation of how the 1997 American Housing Survey (AHS) changed from earlier years. This project explored both where changes occurred, and the impacts on the changes on the data. As a part of supplemental support on the AHS under this project, Mr. Watson also managed outside assistance in the Quality Control of the 1999 AHS. The final document is scheduled to be released in June of 2001.

Analytical Support for the American Housing Survey 2002

Mr. Watson managed a set of tasks to ensure the usefulness of the American Housing Survey (AHS), and also conduct additional research using the AHS. Tasks included the Quality Control of the 2002 Metropolitan American Housing Survey, updating of the AHS codebook, development of two new Components of Inventory Change (CINCH) reports, and research into housing filtration and housing stock loss.

Analytical Support for the American Housing Survey 2004

Mr. Watson is managing a set of tasks to ensure the usefulness of the American Housing Survey (AHS), and also conduct additional research using the AHS. Tasks include the Quality Control of the 2003 National American Housing Survey, updating of the AHS codebook, and research into remodeling of home buyers and sellers, and commuting patterns of recent movers.

Analytical Support for the American Housing Survey 2005

Mr. Watson is managing a set of tasks to ensure the usefulness of the American Housing Survey (AHS), and also conduct additional research using the AHS. Tasks include the Quality Control of the 2004 Metropolitan American Housing Survey, updating of the AHS codebook, and research into spatial mismatch of residence and jobs, and housing consumption of elderly residents.

Documentation for the American Housing Survey

Mr. Watson managed a project to develop new documentation for the American Housing Survey (AHS). The AHS was significantly changed in 1997, and the public documentation never updated. Mr. Watson was responsible for the overall project direction and key aspects of the programming. The final documentation was released to the public in June of 2002.

Research Cadre on Assisted Housing Issues

For HUD's Office of Policy Development and Research, Mr. Watson managed the establishment of a "cadre" of researchers who can respond on short notice to HUD's requests for research on issues related to assisted housing. Mr. Watson oversaw the development of the application package and the selection of the cadre. He was also responsible for ensuring the quality of the research conducted by the cadre members.

Picture of Subsidized Housing

For HUD's Office of Policy Development and Research, Mr. Watson managed a team of people providing data support in the development of the "Picture of Subsidized Housing" report for calendar year 2000. This project involves development of programs to extract data and then generate the necessary information for approximately 160 pages of the final report. Work here included taking microdata on individual households from a 30 million observation data set and aggregating information to different levels of observation, such as metropolitan area, city, housing authority, and project.

Technical Assistance for the Office of Federal Housing Enterprise Oversight

For the Office of Federal Enterprise Oversight (OFHEO), Mr. Watson provided assistance in reviewing and manipulating mortgage data from Fannie Mae and Freddie Mac. This data is used as a part of a Congressionally-mandated "stress test" examining potential risks to the Government Sponsored Enterprises' (GSEs') portfolio. Mr. Watson has also developed programs computing joint hazard ratios for default and prepayment based on the history of the loans. The largest dataset used is in excess of 43 million observations.

Surveys for the Federal Emergency Management Agency (FEMA)

Mr. Watson designed the sampling methodology and helped develop the survey instrument for a survey of public agencies who have participated in disaster relief efforts coordinated by FEMA. The goal of this survey is to understand how FEMA is perceived and create a baseline to compare against. Mr. Watson also participated in determining targets for performance measures and standards both initially and after the surveying had been underway for two years. There were approximately 180 rounds of surveys conducted. There was an annual report produced for FY1999, FY2000, FY2001, FY2002, and FY2003. The annual reports compares FEMA's performance across disasters based on the collection of disaster surveys. Mr. Watson was also been involved in the development of revised performance standards and targets.

SELECTED PUBLICATIONS, PAPERS and PRESENTATIONS

Posters at conferences in 2009: American Society of Breast Disease (ASBD), American Society of Clinical Oncology (ASCO).

Posters at conferences in 2007: Academy of Managed Care Pharmacy (AMCP), Digestive Diseases Week (DDW), Rheumatology, World Congress of Dermatology.

Watson, G. "Weighting in the American Housing Survey". *Cityscape* Volume 9, Number 2.

Blake, K, Simic, A., and Watson, G. "Analysis of the Proportion of the Mortgage Market that Meets the GSEs' Affordable Housing Goals", July 2004. Released by Freddie Mac Corporation as a part of their official comments to HUD.

Watson, G. and Eggers, F. "The Destruction of Housing Capital: A Preliminary Exploration into Demolitions and Disasters", released by HUD on HUDUSER website, January 2004

Watson, G. and Eggers, F. "Rental Market Dynamics: Is Affordable Housing for the Poor an Endangered Species?", released by HUD on HUDUSER website, January 2004

"CINCH: The Weighting is Over", Presented at the Housing Statistics Users Group, December 2003

"Codebook for the American Housing Survey," Released by the U.S. Department of Housing and Urban Development. Version 1.0 released in June 2002. Version 1.60 released in June of 2004.

"Changes in Public Awareness of Lead Based Paint Hazards: 1994-1999" presented at the National Lead Health Education Conference, Atlanta, February 2002.

"Report on Public Awareness of Lead Based Paint Hazards," To be released by the U.S. Department of Housing and Urban Development, 2002.

"Documentation of Changes in the 1997 American Housing Survey," Released by the U.S. Department of Housing and Urban Development in July 2001.

"Evaluation of the Housing Opportunities for Persons with AIDS (HOPWA) Program" Released by the U.S. Department of Housing and Urban Development, December 2000.

Nevin, R. and Watson, G. "Homeowners and Energy Efficiency: Rational?" Presented at the Energy Innovations '99 Conference sponsored by the California Energy Commission, October 1999

Gazan, H. and Watson, G. "Sharing our Experiences and Building Upon Our Knowledge: Enhancing the COPC data system" Presented at the COPC Grantee Annual Meeting. September 1999

Components of Inventory Change for the following sets of years: 1985-1987, 1987-1989, 1989-1991, 1991-1993, 1993-1995, 1995-1997 and 1985-1995. Released by the U.S. Department of Housing and Urban Development in 2003.

Nevin, R. and Watson, G., “Evidence of Rational Market Values for Home Energy Efficiency” The Appraisal Journal, October 1998.

Nevin, R. and Watson, G., “Evidence of Market Valuations for Home Energy Efficiency”, Presented at the Home Energy Rating Services Annual Conference. November, 1997

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EMPLOYMENT HISTORY

The Moran Company	Partner	2007-present
	Principal	2005-2006
ICF Consulting	Vice President	2004-2005
	Project Manager	2000-2004
	Senior Associate	1998-1999
	Associate	1996-1997
Institute for Research on Poverty	Project Assistant	1995-1996
ICF Consulting	Analyst	1994
	Research Assistant	1992-1994
U.S. Advisory Commission on Intergovernmental Relations	Intern	Summers 1990, 1991